MILI	TARY INTERDEPA	E REO	UEST	1.	PAGE 1 of 2		
2. FSC	3. CONTROL SYMBOL NO.	4. DATE PREPARED XX/XX/XXXX	5. MI	MIPR NUMBER XXXXXXXXXXXXX			6. AMEND NO Base
7. TO: Acquisition Services Directorate ATTN: Contracting Officer's Name 381 Elden Street, Suite 4000 Herndon, VA 20170 703- 964-8801 FAX: 703-964-5300 fundingdocuments@aqd.nbc.gov (copy your Contracting Officer)		8. FROM: Ye Ag Ci PC Cc Fa	our Agency gency Addr ty, State U: OC: ommercial 1	ber:	Base		
9. ITEM ARE SCREENING	ARE NOT INCLUDED IN THE IN HAS HAS NOT BEEN ACCOM		PORT PROGI	RAM AND R	EQUIRED INT	ERSERVICE	
ITEM (Fed NO.	eral stock number, nomenclature, speci	fication and/or drawing No., et	c.)	QTY C	UNIT d	ESTIMATED UNIT PRICE e	ESTIMATED TOTAL PRICE f
*Project Description: All documents must contain one of the following three statements:							Estimated Cost
"Funds in the amount of \$xxx,xxx are obligated for the purpose of acquiring the goods and services as described in the attached Statement of Work entitled, "Title of SOW", dated Month/Day/Year."							
or							
"Funds in the amount of \$xxx,xxx are obligated for the purpose of acquiring the goods and services as described in the attached product list, dated Month/Day/Year. (Attachment must be a list of products and associated quantities.)"							
or							
"exercising O	amount of \$xxx,xxx are obliga ption Year X" or "adding incre fort"] for Contract Number xxx	mental funding" or "inc					
	ervices Directorate Service Cha ntract or agreement	arge:					
*Expiration Da	te of Funding:						
*Dun & Bradst	reet Number: Site placing the	order					
*ALC : Agenc	y Location Code for IPAC (8	digits)					
*POC Informat	ion: Contact Name Address, phone, fax, e-m	ail					
*COTR:	Contact Name Address, phone, fax, e-m	nail					
*Invoicing PO	C: Contact Name Address, phone, fax, e-ma	iil					
*Finance POC	: Contact Name Finance Office Address,	phone, fax, e-mail:					
Trading Partner Number: Department Code that will be charged for pur							
*Funding Agen	cy/aka FIPS Code: Agency C	redit Number for Award	S				
*Office ID Cod	le (DODAAC #): Office Cre	dit Number for Awards					

GMRA Authority: THIS ORDE AUTHORITY OF THE GOVER OF 1994 (P.L. 103-356)								
*Additional Requirement:								
All documents must contain the	following sta	atement:						
"By my signature in Block 16, I properly chargeable for the purp		MIPR are						
* INDICATES THAT THE IN MANDATORY	FORMATI	ON REQUESTED IS	\$					
10. SEE ATTECHED PAGES FOR DEL INSTRUCTIONS AND INSTRUCTION			ONS, SHIPPIN	G	11 GRAND TOTAL Estimated Cost	_		
12. TRANSPORTATION ALLOTMENT (Used		13. MAIL INVOICES TO (Payment will be made by) PAY OFFICE DODAAD: ALLOTMENTS SET FORTH BELOW. THE AVAILABLE BALANCES OF WHICH ARE						
SUFFICIENT TO COVER THE ESTIMA			LLOTWIENTS SE	I TOKIH BELO	JW. THE AV	AILABLE DAI	LANCES OF WHICH ARE	
ACRN APPROPRIATION	LIMIT SUBHEAD		SUPPLEMENTAL ACCOUNTING CLASSIFICATION			ACCTG STA DODAAD	AMOUNT	_
*Appropriation Symbol		Agency Account Number for Charges			Station Code	Estimated Cost		
*First Year Available								
*Last Year Available *Type of Funding:								
One year								
Multi Year								
No Year								
_110 1001								
15. AUTHORIZING OFFICER (Type name and		16. SIGNATURE				17. DATE	_	
POC name and title	Signature				xx/xx/xxxx			
DD EODM 440 HIN 72	DITION IS OBSO	LETE		•	LICADDC VA 00			

DD FORM 448, JUN 72 PREVIOUS EDITION IS OBSOLETE USAPPC V4 00

Additional Information:

In this document, the term "Acquisition Services Directorate" refers to the Dept of the Interior Franchise Fund (IFF)